



## Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

07/26/2010

Kevin McCoshen, Operation  
Luminaire Environmental and Technologies ETC  
14930 28th Ave N  
Plymouth, MN 55447-4823

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Luminaire Environmental and Technologies ETC** located at **14930 28th Ave N Suite B, Plymouth , MN55447**

**MNS000148908**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Generator of Hazardous Waste; Universal Waste Battery Transporter.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter (reg exp on 03/01/11)** .

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=MNS000148908](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=MNS000148908).

For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

Timothy J. Bahr, Administrator  
Hazardous Waste Regulation Section

ME ID: 92371 , Email Address: [kmccoshen@luminaireetc.com](mailto:kmccoshen@luminaireetc.com)

LUMINAIRE ENVIRONMENTAL &  
TECHNOLOGY INC

LETTER OF TRANSMITTAL

Received

JUL 16 2010

TO  
EPA ID Notification Coordinator  
Hazardous waste regulation Section MS 4560  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399

DATE 7/12/2010

BSHW

PROJECT

FROM

Kevin McCoshen

VIA ☐ COURIER ☐ HAND DELIVERY ☒ MAIL ☐ OTHER \_\_\_\_\_

| COPIES | DATE    | DESCRIPTION                      |
|--------|---------|----------------------------------|
| 1      | 7-6-10  | FORM 8700-12FL                   |
| 1      | 7-12-10 | UNIVERSAL WASTE CHECKLIST        |
| 1      | 7-7-10  | E-MAIL TO HENNEPIN CTY           |
| 1      | 6-7-10  | Hennepin County Facility License |

FOR YOUR ☐ APPROVAL ☒ USE ☐ REVIEW & COMMENT ☐ OTHER

REMARKS

COPY TO FILE

14930 28<sup>TH</sup> AVENUE N SUITE B  
PLYMOUTH MN 55446  
763 244 3444

**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS MS4560  
2600 Blair Stone Rd Tallahassee FL 32399-2400  
(850) 245-8772Date Received  
(for FDEP Official Use Only)

JUL 16 2010

BSHW

EPA ID M N S 0 0 0 1 4 8 9 0 8

MIS

RCRAInfo

**1 Reason for  
Submittal**Mark 'X' in  
correct box

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste universal waste or used oil activities)
- ☒ To provide subsequent notification (to update status and facility identification information)
- ☐ Is this the final notification (see instructions) for the facility?

**2 Facility or  
Business Name**

Luminaire Environmental &amp; Technology, Inc

**FEID No**

3 0 0 5 8 0 1 2 8

**3 Facility Operator**  
(List additional  
Operators in the  
comments section)**Name of Operator**

Luminaire Environmental &amp; Technology, Inc

☐ **New Operator**Date became Operator 9 / 1 / 09  
mm dd yy**Street or P O Box**

14930 28th Ave N Suite B

**Phone Number**

(763) 244-3444

**City or Town**

Plymouth

**State**

MN

**Zip Code**

55447

**Operator Type**☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other**4 Facility Physical  
Location  
Information****Physical Street Address**

14930 28th Ave N Suite B

**City or Town**

Plymouth

**State**

MN

**Zip Code**

55447

**County**

Choose\_\_

If available, please attach a map or sketch of the facility  
boundaries**Latitude**

d d m m s s ssss

**Longitude**

d d m m s s ssss

**Method**

Datum

**5 Facility North American Industry  
Classification System (NAICS)  
Code(s)**

A

562119

B

C

D

**6 Facility or  
Business Mailing  
Address****Street Address or P O Box**

14930 28th Ave N Suite B

**City or Town**

Plymouth

**State**

MN

**Zip Code**

55447

**7 Facility or  
Business Contact  
Person****First Name**

Kevin

**Last Name**

McCoshen

**Title**

Operations

**Phone Number**

(763) 244-3444

**Extension****E-Mail**

kmccoshen@luminaireetc.com

**Street or P O Box**

14930 28th Ave N Suite B

**City or Town**

Plymouth

**State**

MN

**Zip Code**

55447

**8 Real Property  
(Land) Owner  
of the Facility's  
Physical Location**  
(List additional  
real property owners  
in the comments  
section)**Name of Real Property (Land) Owner**☐ **New Owner**Date became Owner \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy**Street or P O Box****Phone Number****City or Town****State****Zip Code****Owner Type**☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

**9 Type of Regulated Waste Activity ( Mark 'X' in all that apply )****A. Hazardous Waste Activities**

For Items 2 through 7, mark 'X' in all that apply

**(1) Generator of Hazardous Waste**

(Choose only one of the following three categories )

- ☐ a Large Quantity Generator (LQG)  
Generates in any calendar month 1 000 kilograms or greater per month (kg/mo) (2 200 lbs ) of *non-acute* hazardous waste, or Greater than 1 kg (2 2 lbs) of *acute* hazardous waste
- ☐ b Small Quantity Generator (SQG)  
Generates in any calendar month greater than 100kg/mo but less than 1 000 kg/mo (>220 to <2 200 lbs ) of *non-acute* hazardous waste and/or 1 kg (2 2 lbs) or less of *acute* hazardous waste
- ☐ c Conditionally Exempt SQG (CESQG)  
Generates in any calendar month 100 kg/mo or less (220 lbs ) of *non-acute* hazardous waste and 1 kg (2 2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply

- ☐ d United States Importer of hazardous waste
- ☐ e Mixed Waste (hazardous and radioactive) Generator

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note A hazardous waste permit may be required for this activity

- ☐ a. Operating Commercial TSD
- ☐ b Operating Non-commercial TSD
- ☐ c Non-operating Postclosure or Corrective Action Permit or Consent Order (HSWA, etc )

**(3) ☐ Recycler of Hazardous Waste (at your facility)**Specify ☐ Commercial ☐ Non-Commercial  
A permit is required for storage prior to recycling**(4) ☐ Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b Smelting, Melting and Refining Furnace Exemption

**(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP****(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste****(7) ☐ Transporter of Hazardous Waste [ Note A Certificate of Liability Insurance is required along with this registration.]**  
Registration must be renewed annually ☐ a. For own waste only ☐ b For commercial purposes**c Hazardous Waste Transporter Insurance Information**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration date \_\_\_\_\_

d Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e ☐ Hazardous Waste Transfer Facility Storage Volume \_\_\_\_\_☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730 171(3), Florida Administrative Code (F A C )]

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403 7211(2) Florida Statutes (F S ) [Rule 62-730 171(3)(a)1 F A C ]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730 171(3)(a)3 F A C ]
- ☐ A brief general description of the transfer facility operations [Rule 62-730 171(3)(a)4 F A C ]
- ☐ A copy of the facility closure plan [Rule 62-730 171(3)(a)5 F A C ]
- ☐ A copy of the contingency and emergency plan [Rule 62-730 171(3)(a)6 F A C ]
- ☐ A map or maps of the transfer facility [Rule 62-730 171(3)(a)7 F A C ]
- ☐ Notification of changes in above items
- ☐ Annual update notification

**B Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time)**

- ☐ Large Quantity Handler (LQH) = 5 000 kg (11 000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5 000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2 000 kg (4400 lbs/8 000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2 000 kg (8 000 lamps) accumulated by for-hire handler
- [Note 4 lamps = 1 kg 62-737 200(10)]
- ☐ Pharmaceuticals LQH = 5 000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2 2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5 000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

| (1) For those Managing       | Generate/<br>Accumulate  | Transport<br>(see note in<br>instructions) | Handle at Transfer<br>Facility | (2) Enter your estimate of the maximum amount (in pounds)<br>of each type of UW on site or transported at any one time. |
|------------------------------|--------------------------|--|--------------------------------|---|
| a Batteries                  | <input type="checkbox"/> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>       | 2000 lbs  |
| b Pesticides                 | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/>       |   |
| c Pharmaceuticals            | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/>       |   |
| d Mercury Containing Devices | <input type="checkbox"/> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>       | 6000 each   |
| e Mercury Containing Lamps   | <input type="checkbox"/> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>       | 6000 each   |

(3) Mercury Recovery and/or Reclamation Facility ☐ Note A hazardous waste permit is required for this activity [Rule 62 737 800 F.A.C.]  
[Chapter 62 737 F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note for this activity a facility must treat, dispose or recycle a UW A permit is required for storage prior to recycling

**C Used Oil Activities****(1) Used Oil Transporter - indicate type(s) of activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor (A permit is required for this activity )****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62 710 600 F.A.C. are in place current and being adhered to. If any modifications have been made to the originally approved training program they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance DEP form 62-710 901(4) F.A.C.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name of Authorized Person

(7) Used Oil Transporters Transfer Facilities Collection Centers Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order in the amount of \$100 payable to Florida Department of Environmental Protection.

☐ A check is enclosed

- (9) The records required under the provisions of Rule 62-710 510 F.A.C. are kept at (check one)
- ☐ our mailing (business) address
- ☐ The site (facility) address

**D Other State Regulated Waste Activities**
☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740 F.A.C.]

Note A water facility permit may be required for this activity

**10 Waste Codes for Federally Regulated Hazardous Wastes** List the waste codes of the Federal hazardous wastes handled at your facility List them in the order they are presented in the regulations (e.g. D001 D003 F007 U112)

Hazardous waste transporters list codes routinely or usually transported Use an additional page if more spaces are needed

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |

**11 Other Status Changes (Mark 'X' in all that apply)**
**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates transports treats stores or disposes of hazardous waste  
☐ (2) Waste generated by business has been delisted.  
☐ (3) Other (explain) \_\_\_\_\_


**B Facility Closed**

- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there  
☐ (2) Out of Business - Business closed on \_\_\_\_\_ (Date) Please provide a contact person, mailing address, and phone number where you can be reached after closing

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_

☐ **C Property Tax Default**
☐ **D Petition for Bankruptcy Protection**

**12 Certification** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted The information submitted is to the best of my knowledge and belief true accurate and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations If I have notified as a transfer facility I am aware that transfer facilities must comply with the requirements of Rule 62-730 171 FAC and Rule 62-730 182 FAC

| Signature of owner, operator, or an authorized representative                      | Print Name and Title | Date Signed (mm-dd-yyyy) |
|--|----------------------|--------------------------|
|  | Kevin McCoshen       | 7-6-10                   |
|  |                      |                          |
|  |                      |                          |

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below

(Name of person completing this form) \_\_\_\_\_ (Phone Number) \_\_\_\_\_ (E-mail Address) \_\_\_\_\_

**13 Comments**



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt Governor

Michael W. Sole  
Secretary

## UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737 400, F A C , complete and sign this Information Checklist This information will be used to evaluate compliance with subparagraph 62-737 400(1)(b), F A C **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form

Luminaire Environmental & Technology, Inc. PWS0001489108  
(Facility Name) (EPA id)  
14930 28th Ave. N. Suite B Plymouth MN 55446  
(Street Address) (City) (State) (Zip)  
763-244-3444 / 763-634-8461 KMcLashen@luminaireetc.com  
(Phone) (Fax) (E-mail)

### Section 1 For all transporters and transfer facilities (in-state and out-of-state)

Complete all sections and check all boxes that apply

- Estimated number of LAMPS handled during the last calendar year 1964 / 1 HID  
Types Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year \_\_\_\_\_  
Types Thermostats ☐ Electric Switches/Relays ☐  
Thermometers ☐ Manometers ☐ Other ☒ Light Bulb
- Estimated weight of DEVICES handled during the last calendar year 10,387 lb
- Estimated number of lamps or devices you shipped to each lamp recycling facility Check the boxes for lamps (L) or devices (D) Give the facility name, location, and contact information

| Number            | L                                   | D                                   | Facility Name     | City                   | State              | Phone                  |
|-------------------|-------------------------------------|-------------------------------------|-------------------|------------------------|--------------------|------------------------|
| <u>1965</u>       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>Veolia, ES</u> | <u>342 Marpan Lane</u> | <u>Tallahassee</u> | <u>FL 850-877-8299</u> |
| <u>10,387 lbs</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Veolia, ES</u> | <u>Tallahassee</u>     | <u>FL</u>          | <u>850-877-8299</u>    |
|                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                   |                        |                    |                        |
|                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                   |                        |                    |                        |
|                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                   |                        |                    |                        |
|                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                   |                        |                    |                        |

Kevin McLashen  
Print Name of Authorized Agent

Kevin McLashen  
Signature of Authorized Agent

7/12/10  
Date



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee Florida 32399-2400

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## Section 2 For out-of-state transporters and transfer facilities only

1 Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes ☒

No ☐

2 If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously ☐

Submitted in What Year? see attached

Kevin McLesken

Print Name of Authorized Agent

[Signature]

Signature of Authorized Agent

7/12/10

Date

**Complete, sign and return this checklist along with your registration form to**

EPA ID Notification Coordinator  
Hazardous Waste Regulation Section MS 4560  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Your transporter registration will not be issued until you complete and return this checklist.**

### QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at [laurie.tenace@dep.state.fl.us](mailto:laurie.tenace@dep.state.fl.us)

**Thank you for your cooperation in providing this information.**

TransChkl.doc



## **McCoshen, Kevin**

---

**From** McCoshen Kevin  
**Sent** Wednesday, July 07 2010 2:44 PM  
**To** 'Petersen Matt (matthew.petersen@co.hennepin.mn.us)'  
**Cc** Miller John  
**Subject** State of Florida - Universal Waste Checklist  
**Attachments** Florida DEP Universal Waste Checklist 7-10.pdf  
  
**Contacts** Petersen Matt

Matt,

I left you a voice mail regarding this attached form. On Page #2, question #2 can you help? Would our Hennepin County permit suffice?

Please call me or John if you have any questions.

Thank you,

### **Kevin McCoshen**

Luminaire Environmental & Technology Inc  
14930 28th Ave North, Suite B  
Plymouth MN 55447  
Email [kmccoshen@luminaireetc.com](mailto:kmccoshen@luminaireetc.com)  
Website [www.luminaireetc.com](http://www.luminaireetc.com)  
Phone (763) 244-3444  
Fax (763) 634-8461  
Mobile (612) 839-8336

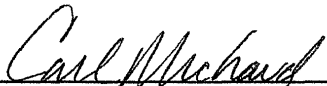
# Hennepin County Facility License

Luminaire Environmental and Technologies Inc  
14930 28<sup>th</sup> Ave N Ste B  
Plymouth, MN 55447

Operation ID 00117734 05344921  
Identification Number MNS-000-148-908  
License Period 7/1/2010 – 6/30/2011

WHEREAS, Luminaire Environmental and Technologies Inc at 14930 28<sup>th</sup> Ave N Ste B, Plymouth, MN 55447 has paid the sum of \$ \_\_\_\_\_ Dollars to the Treasurer of Hennepin County as required by Ordinance Number Seven – Hazardous Waste Management Ordinance for Hennepin County Luminaire Environmental and Technologies Inc is hereby licensed and authorized to operate a Transfer, Recycle and Treatment Facility at 14930 28<sup>th</sup> Ave N Ste B, Plymouth, MN 55447 until June 30, 2011, subject to all conditions and provisions of said Ordinance

Given under my hand this 8 day of June A D ,2010

  
\_\_\_\_\_  
Carl Michaud  
Director



**This license must be posted in a public location at the licensed site**